

**The Boca Ciega High School**  
**SUMMER BRIDGE 2017**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Counselor \_\_\_\_\_

In order for the student to attend class in the Summer Bridge Program, the parent or guardian must indicate approval by reading the following carefully and signing the form below. Students must return this completed form to Dr. Craun's Office (4-126). In addition, parents must register for Summer Bridge online at <https://reservation.pcsb.org/>. **SUMMER BRIDGE EXPECTATIONS:**

- Students with excessive absences will be removed from the program. (More than five unexcused absences during the summer may result in an automatic withdrawal from the program.)
- Students are expected to be on time to their classroom.
- Transportation is not provided. Parents are responsible for transportation.
- It is an opportunity and privilege to attend the Summer Bridge Credit Recovery Program. Students must follow all school rules and policies, as defined by the Code of Student Conduct.

All three summer bridge programs listed below will be offered here at The Boca Ciega High School, Monday through Thursday from 8am to 12pm. **Please indicate below which Summer Bridge option your child needs:**

Check Box	Summer Bridge Options	Dates
<input type="checkbox"/>	<b>Algebra 1 Jumpstart</b> – incoming 9 <sup>th</sup> grade students for 16-17, designed to prepare students to take Algebra 1	June 6 – July 13
<input type="checkbox"/>	<b>Algebra 1 EOC Preparation</b> – failed Algebra 1 EOC and/or earned a “D” or “F” in Algebra 1	June 6 – July 13
<input type="checkbox"/>	<b>Credit Recovery Program (Grad Point)</b> – earned a “D” or “F” in course, please circle which subject needs to be recovered  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>English</span> <span>Science</span> <span>Math</span> <span>Social Studies</span> </div>	June 6 – July 13

I have read and understand the information above. All required signatures must be present before a student attends Summer Bridge.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Name Signature

\_\_\_\_\_  
Parent Phone Number